STATE OF ALASKA FILING NOTIFICATION NOMINATING PETITION CANDIDATE FOR U.S. CONGRESS

Please check: I acknow		Nominating Petition		ribers pages a	re due by	
Please check: I ackn federal rep	owledge that I a		ontacting the Fe		Commission for	
GEN	ERAL INFOR	RMATION (Plea	se print or type	e)		
l,	, am a	a qualified voter as	required by law	and declare m	yself to be a	
resident of Alaska and a candidate b	y petition for the		politic	cal group (if an	y), for the office	
Check one: UNITED STA	TES SENAT	OR OR	_ UNITED ST	ATES REPI	RESENTATIVE	
I will accept this nomination and requmy petition is certified.	uest that my nam	ne be placed on the	November 2, 2	010 General E	Election ballot if	
	RESIDE	NCY INFORMA	TION			
My current Alaska residence address is:				(21)	, AK	
I have lived at this address since(M	,			/ / (MM / DD /YY)		
My mailing address:	(Mailing Address))	(City)	,(Sta	ate) (Zip)	
Mailing address and phone number				•	, , , , , ,	
(Official Candidate Mailing Address)		(City)	,(State)	(Zip)	(Phone)	
*The Director of Elections may not include in the candidate's name any nick [AS 15.15.030(4)]	, de on the ballot as	(First Name) s part of candidate's	name, any honora	(*Nickna	ame and/or Suffix)	
	Ci	ERTIFICATION				
I, the undersigned, certify that the infresidency and citizenship requirement the oath of office, if elected. I am no election, nor am I a candidate for this acknowledge that should I choose to Elections in writing over my signature serve if elected.	nts of this office. t a candidate for s office under an withdraw my ca e at least 48 day	I further certify that any other office to y other Declaration indidacy, my withdr	at I shall meet the be voted upon a of Candidacy or awal must be red	e age requirem t the Primary of Nominating P ceived by the [ents upon taking or General etition. I also Director of	
Subscribed and sworn to before me					· · · · · · · · · · · · · · · · · · ·	
day of, 20		(Candidate's Signa	(Candidate's Signature)			
(Signature of Notary Public)		(Home Phone)		(Work Phone)		
My commission expires:		To assist staff in verifying candidate/voter identification, please provide one of the following: SSN, ADL, Voter # or DOB:				
NOTARY SEAL						

A19 (Rev. 1/21/09)